

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10/2/05

2 Serial/Patent # 10/517828

| | | | | |
|--|--|---|-----------------------|----------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> Filing | | | | \$ |
| <input type="checkbox"/> Amendment | | | | \$ |
| <input type="checkbox"/> Extension of Time | | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ |
| <input type="checkbox"/> Petition | | | | \$ |
| <input type="checkbox"/> Issue | | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ |
| <input type="checkbox"/> Maintenance | | | | \$ |
| <input type="checkbox"/> Assignment | | | | \$ |
| <input checked="" type="checkbox"/> Other <u>Search fee adjustment</u> | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>100</u> | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | |
| <input checked="" type="checkbox"/> Overpayment | | <input type="checkbox"/> Treasury Check | Credit Deposit A/C #: | |
| <input type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> | <u>19-3935</u> | |
| No Fee Due (Explanation): | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Kaya Lewis (Baltimore)</u> | | TITLE: <u>Paralegal</u> | | |
| SIGNATURE: <u>Kaya B. L.</u> | | PHONE: <u>(703) 308-9140</u> | | |
| OFFICE: <u>DOED</u> | | Ext 202 | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B